Division of Program Compliance - Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 445-1554, FAX (916) 445-1588

May 16, 2008

Beatrice W. Readel, LCSW, Director Tuolumne County Behavioral Health Department 2 South Green Street Sonora, CA 95370

Dear Ms. Readel:

AUDIT REPORT - KINGS VIEW COUNSELING SERVICES IN TUOLUMNE COUNTY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kings View Counseling Services in Tuolumne County for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opirion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

Federal Share of	Settled			Allowed	<u>Adjustment</u>		
Short-Doyle/Medi-Cal	\$	1,479,040	\$	1,472,500	\$	(6,540)	
Federal Share of Health Families/Medi-Cal	\$	93,100	\$	51,921	\$	(41,179)	

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Beatrice W. Readel, LCSW, Director May 16, 2008 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

CHUKWUEMEKA OKEMIRI, CPA Supervisor, Northern Region Audits

Chair Themen

Enclosures

Certified Mail

KINGS VIEW-TUOLUMNE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		-	As Settled		Audit Adjustments	As Audited
MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDER	(Sch. 2a) (Sch. 2a)	\$ \$_	1,479,040 93,100 1,572,140	\$: \$ _	(6,540) \$(41,179)(47,719) \$	1,472,500 51,921 1,524,421

KINGS VIEW-TUOLUMNE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

						Audit		
				As Settled		Adjustments		As Audited
Tot	al Medi-Cal Gross Reimbursement		-		_		_	
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		2,483,346		(83,791)		2,399,555
3.	Enhanced SD/MC (Children) - 1/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		63,621		63,621
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		129,962		(57,234)		72,728
9.	Total		s _	2,613,308	\$	(77,404)	\$_	2,535,904
			_		-		_	
Less	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		14,992		0		14,992
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		·θ		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0	_	0	_	0_
18.	Total		\$=	14,992	\$ _	0	\$=	14,992
Med	ti-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		2,468,354		(20,170)		2,448,184
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.		(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		129,962		(57,234)		72,728
	Total	(=== ,	s _	2,598,316	\$_	(77,404)	s <u> </u>	2,520,912
			_		-		_	
Med	li-Cal MAA Reimbursement							
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28.	Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0	_	0	_	0_
29.	Total		\$_	0	\$ _	0	\$_	0

KINGS VIEW-TUOLUMNE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments		As Audited
Amount Negotiated Rates Exceed Cost				_			
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-1/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0	_	0
36. Total		\$_	0	\$ =	0	\$ _	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	372,502	\$	(3,026)	\$	369,476
38. Medi-Cal Administration	(MH 1979, Ln 5)	s ⁻	229,946	` s -	(4,043)	\$	225,903
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ _	229,946	\$ _	(4,043)	\$_	225,903
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$	12,996	\$	(5,723)	\$	7,273
41. Healthy Families Administration	(MH1979, Ln 9)	s –	12,801	_	(6,131)		6,670
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	s -	12,801	\$	(6,131)	_	6,670
•	, ,	_		=		=	
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	S =	103, <u>375</u>	· \$ _	(2,518)	\$ =	100,857
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ =	37,725	\$ =	(919)	\$ =	36,806
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	1,267,674	\$	(43,222)	\$	1,224,452
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		41,486		41,486
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		114,973		(2,022)		112,952
50. U.R. Skilled Professional	(MH1979, Ln 14)		77,531		(1,888)		75,643
51. U.R. Other	(MH1979, Ln 15)		18,862		(459)		18,403
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0	_	0	_	0
53. Subtotal- FFP		\$ =	1,479,040	\$ =	(6,105)	S =	1,472,935
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_		_	435	_	435
56. Total SD/MC Reimbursement - FFP		\$	1,479,040	\$	(6,540)	\$	1,472,500
Net Healthy Families Reimbursement - FFP			.,,	-	(-,,	=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	84,748	\$	(37,179)	\$	47,569
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	-	04,710	•	0	-	0
59. Administrative Reimbursement	(MH1979, Ln 10)		8,353		(4,001)		4,352
60. Total Healthy Families Reimbursement - FFP	(, <u></u> ,)	s –	93,100	5	(41,180)	s -	51,921
				-	(,)	_	
61. Total - FFP (Ln 56 + Ln 60)		\$ =	1,572,140	S =	(47,720)	S =	1,524,421
							(To Sch. 1)

Provider	KINGS VIEW	'-TUOLU	MNF		Provider Number	1	No. of Adj.		Fiscal F	Period 5/30/0	
	Report Refe							1		,,,,,,,	
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS			As Reported		Increase (Decrease)		As Audited
				ADJUSTMENTS TO REPORTED COSTS							
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$	4,873,302	\$	14,432	s	4,887,734
ļ				To adjust allocation of allowable Corporate Cost based on the cost of each in program per CMS requirements. CMS 15-1, Section 2300. 42 CFR 413	dividual						
2	MH1960	8	С	ALLOWABLE COST FOR ALLOCATION		s	4,487,033	\$	14,432	\$	4,501,465
				To reflect adjustment No. 1.							
3 4 5 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0 C C C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To eliminate the reported distribution of administrative costs. Costs will be		s	229,946 12,801 104,044 346,791	\$	(229,946) (12,801) (104,044)	\$ \$ <u></u>	0 • 0 • 0 • 346,791 •
6	MH1960	12	С	redistributed after adjustments to administrative costs. TOTAL ADMINISTRATIVE COST	**	\$ 	346,791	\$	14,432 ®	\$	361,223 *
				To reflect adjustment No. 1.	**						
7 8 9 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on gross cost method.	••	\$ \$ 	0 0 0 361,223	\$	225,903 6,670 128,650	\$ 	225,903 6,670 128,650 361,223
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.							

California Health and Human Services Agency

Department of Mental Health

	960 13 960 14 960 15	Col.	EXPLANATION OF AUDIT ADJUSTMENTS SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW	00233	As Reported	Increase (Decrease)	5/30/03 As Audited
Adj. Form/ No. Sch. 10 MH196i 11 MH196i 12 MH196i 16 MH196i 17 MH196i 18 MH196i 19 MH196i 19 MH196i 10 MH196i 11 MH196i 11 MH196i 11 MH196i 11 MH196i	960 13 960 14 960 15	CCC	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW	_	Reported		
Info. MH 196 Info. MH 196	960 13 960 14 960 15	CCC	OTHER SD/MC UTILIZATION REVIEW	-	400.075		
13 MH 196 14 MH 196 Info. MH 196 Info. MH 196			NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To allocate Total Utilization Review Costs between SPMP, Other SD/MC Utilization Review, and Non-SD/MC Utilization Review based on gross cost method.		\$ 103,375 37,725 60,477 \$ 201,576	\$ (2,518) (919) 3,436	\$ 100,857 36,806 63,913 \$ 201,576
	1964 4 1964 5 1964 6 1964 8	1 1 1 1 1	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 Program 1 + Program2) OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Other 24 Hour Services, Day Services and Outpatient Services.		\$ 132,555 235,766 3,458,270 112,075 0 \$ 3,938,666	\$ 0 (19,472) 19,472 0 \$ 0 \$	\$ 132,555 216,294 3,477,742 112,075 0 \$ 3,938,666

Provide				Provide	er Number	No. of Adj.	Fiscal Pe	riod Ended
L	KINGS VIEW	-TUOLUM	NE	0	00233	36	06/	30/03
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTMENTS	Ì	As Reported	Increase (Decrease)	As Audited
No.	Sch.	Line	Col.	EXTERNATION OF AGOIT ASSOCIATION				
				ADJUSTMENTS TO REPORTED SD/MC UNITS				
15 16 17 18 19 20 Info 21 22 Info	MH 1901B	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	###-MNORS	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 09/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated October 31, 2007. Above adjustments include Phase II. Copies of work papers detailing adjustments by service fundtions have been provided to the provider. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.		290.848 699.531 2,970 6,130 0 0 12,515 44,761 1,056,755	16,290 (61,982) 14,728 25,424 6,774 20,524 - 960 (26,581) (3,863)	307,138 * 637,549 * 17,698 * 31,554 * 6,774 * 20,524 * 0 * 13,475 * 18,180 * 1,052,892
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	r KINGS VIEW-	TUOLU	MNE	Pro	vider Number	No. of Adj. 36		eriod Ended /30/03
	Report Refe	rence					Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Audited
23 24 25 26 Info Info 27 28 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 09/30/03 TOTAL To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of work papers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.		307,138 637,549 17,698 31,554 6,774 20,524 0 13,475 18,180 1,052,892	(23,064) 41,458 (14,728) (25,424) - - (960) 26,581 3,863	284,074 * 679,007 * 2,970 * 6,130 * 6,774 * 20,524 * 0 * 12,515 * 44,761 * 1,056,755
29 30 31 32 info info 33 34 info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of work papers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.		284,074 679,007 2,970 6,130 6,774 20,524 0 12,515 44,761 1,056,755	10,975 (20,770) 795 2,570 - - - 960 (26,581) (32,051)	295,049 658,237 3,765 8,700 6,774 20,524 0 13,475 18,180 1,024,704
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

California Health and Human Services Agency

Department of Mental Health

Provide		=====	===		Provider Number	No. of Adj.	Fiscal P	Period Ended
	KINGS VIEW	-TUOLU	MNE		00233	36	06	5/30/03
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	_Col	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Audited
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
35 36	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDER TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDER TOTAL REIMBURSEMENT - CONTRACT PROVIDER		\$ 1,479,040 93,100 1,572,140	(6.105) (41,179) (47,284)	\$ 1,472,935 1,524,856
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.				
35 36	MH 1979 MH 1979	21 27	J	TOTAL SDIMC REIMBURSEMENT (FFP) - CONTRACT PROVIDER TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDER TOTAL REIMBURSEMENT - CONTRACT PROVIDER		\$ 1,472,935 51,921 1,524,856	(435) 0 (435)	\$ 1,472,500 51,921 1,524,421
				To incorporate the Quality Assurance Review results (report dated October 13, 2004).				
	ļ							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: TUOLUMNE County Code: 55

Legal Entity: KINGS VIEW-TUOLUMNE	Α	В	С
Legal Entity Number: 00233	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	2,794,352	2,093,382	4,887,734
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		(386,269)	(386,269)
4 Other Adjustments (Provide Detail)			
5 Total Costs Before Medi-Cal Adjustments	2,794,352	1,707,113	4,501,465
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			4,501,465
Administrative Costs (County Only)			
9 SD/MC Administration			225,903
10 Healthy Families Administration			6,670
11 Non-SD/MC Administration			128,650
12 Total Administrative Costs			361,223
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			100,857
14 Other SD/MC Utilization Review			36,806
15 Non-SD/MC Utilization Review			63,913
16 Total Utilization Review Costs			201,576
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			3,938,666
19 Total Costs - Lines 9 through 18			4,501,465

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: TUOLUMNE

County Code: 55

	Legal Entity: KINGS VIEW-TUOLUMNE	A					
Le	gal Entity Number: 00233	Total					
		Costs					
1	Mode Costs (Direct Service and MAA) from MH 1960	3,938,666					
	Modes						
2	Hospital Inpatient Services (Mode 05-SFC 10-19)						
3	Other 24 Hour Services (Mode 05-All Other SFC)	132,555					
4	Day Services (Mode 10)	216,294					
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,477,742					
6	Outreach Services (Mode 45)	112,075					
7	Medi-Cal Administrative Activities (Mode 55)						
8	Support Services (Mode 60)						
9	Total - Lines 2 through 8	3,938,666					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: TUOLUMNE

County Code: 55	CR	CR	CR	CR	CR
Land F-Khii (MICO) MENUTING	 	_		<u> </u>	

Legal Entity: KINGS VIEW-TUOLUMNE								
Allocation Percentage Total Units Total Units Gross Cost		_ A	В	C	D	E	F	G
Allocation Percentage 2		Mode Total	Service	Service	Service	Service	Service	Service
Total Units Gross Cost			Function	Function	Function	Function	Function	Function
Total Units Gross Cost			60	63	61	62	36	
Gross Cost		100.00%	6.66%	71.04%	12.97%	9.00%	0.34%	
Cost per Unit			1,123	1,440	143	259	18	
SMA per Unit		132,555	8,828	94,161	17,192	11,924	450	
SMA per Unit			7.86	65.39	120.22	46.04	25.00	
Published Charge per Unit			7.00	- 00.00		70.04		
Negotiated Rate / Cost per Unit	- 1					-	$\overline{}$	
Medi-Cal Units	- 10				1	-		
BA				CONTRACTOR OF THE	<u> </u>		. 4 <u>. 4. 4. 4.</u> 4. 4. 4. 4. 4. 4.	<u> </u>
1001/02 - 096 107/01/02 -	0/02							
9A	10/03							
10 10 10 10 10 10 10 10	30/02		_					
10	0/03							
10A								
108								
Healthy Families (SED) Units				-				
11A Non-Medi-Cal Units 10/01/02 - 06/1 13								
12 Non-Medi-Cal Units 13 13A 14A 14A			+					
33	10/UJ :		1 122	1,440	142	250	18	
13A Medi-Cal Costs 10/01/02 - 06/10/102 10/01/02 - 06/10/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/10/102 10/01/02 - 06/10/102 10/01/02 - 06/10/102 10/01/02 -	11		1,123	1,440	143	259	18	
13A	30/02							
14	30/03	-						
14A 15A 10/01/02 - 06i 10/01/02	30/02				_	_		_
15 15A 16A								
15A Medi-Cal Published Charges 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/10/2 10/01/02 - 06/10/2 10/01								
16							· · · · ·	
1001/02 - 06								
Medicare/Medi-Cal Crossover Costs							 -	
17A Medicare/Medi-Cal Crossover Costs 10/01/02 - 06: 07/01/02 - 09: 07/01/0	0/03			000000000000000000000000000000000000000	10			
10/01/02 - 096 10/01/02 - 097 10/01/02 - 098 10/0	30/02							
18	30/03							_
18A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/07/01/02 - 09/01/02 200								_
19		——— il						
19A Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06. 07/01/02 - 09. 10/01/02 - 06. 1								
20								
20A Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06. 21 21A Enhanced SD/MC Costs 10/01/02 - 09. 22A Enhanced SD/MC SMA Upper Limits 07/01/02 - 09. 23A Enhanced SD/MC Published Charges 10/01/02 - 06. 24 24A Enhanced SD/MC Negotiated Rates 07/01/02 - 09. 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06. 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06. 27 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06. 28 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06. 29 29A Healthy Families Costs 07/01/02 - 09. 30 10/01/02 - 09. 31 10/01/02 - 09. 31 10/01/02 - 09. 31 10/01/02 - 09. 32 10/01/02 - 09. 33 10/01/02 - 09. 34 10/01/02 - 09. 35 10/01/02 - 09. 36 10/01/02 - 09. 37 10/01/02 - 09. 38 10/01/02 - 09. 39 10/01/02 - 09. 40/01/					i			_
21								
21A 21A 22A 22A 22A 23A 23 23A 24 24A 24A 25 27A 2	30/03						: •	
21A 21A 22A 22A 22A 23A 23 23A 24 24A 24A 25 27A 2	30/02							
22	-							
22A Enhanced SD/MC Published Charges 10/01/02 - 06.								
23								
23A Enhanced SD/MC Regotiated Rates 10/01/02 - 06. 24A Enhanced SD/MC Refugees) Costs 07/01/02 - 06. 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06. 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06. 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06. 28 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06. 29 Lealthy Families Costs 07/01/02 - 09. 30 30A Healthy Families SMA Upper Limits 07/01/02 - 09. 31 31 31 31 31 31 31								
24 24A Enhanced SD/MC (Refugees) Costs 07/01/02 - 06 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 Healthy Families Costs 07/01/02 - 09 30 1001/02 - 06 30A Healthy Families SMA Upper Limits 07/01/02 - 09 31A Healthy Families Published Charges 07/01/02 - 09 31A Healthy Families Published Charges 07/01/02 - 09 32 Healthy Families Nagotiated Rates 07/01/02 - 09		——— 						
24A Enhanced SD/MC (Refugees) Costs 07/01/02 - 06 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 Healthy Families Costs 07/01/02 - 09 30 Healthy Families SMA Upper Limits 07/01/02 - 09 31 Healthy Families Published Charges 07/01/02 - 06 32 Healthy Families Published Charges 07/01/02 - 09								
25								
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 Healthy Families Costs 07/01/02 - 09 30 Healthy Families SMA Upper Limits 07/01/02 - 09 30A Healthy Families Published Charges 07/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 32 Healthy Families Nagotiated Rates 07/01/02 - 09	30/03						*********	
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 Healthy Families Costs 07/01/02 - 09 30 Healthy Families SMA Upper Limits 07/01/02 - 09 30A Healthy Families Published Charges 07/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 32 Healthy Families Nagotiated Rates 07/01/02 - 09	30/03				200000000000000000000000000000000000000			<u> </u>
27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 Healthy Families Costs 07/01/02 - 09 30 Healthy Families SMA Upper Limits 07/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 31 10/01/02 - 09 32 Healthy Families Published Charges 07/01/02 - 09 32 Healthy Families Norotiated Rates 07/01/02 - 09		- : 						
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06 29 1000 100 - 09 1000 100 - 09 30 1000 100 - 09 1000 100 - 09 30A 1000 100 - 09 1000 100 - 09 30A 1000 100 - 09 1000 100 - 09 31 1000 100 - 09 1000 100 - 09 31 100 100 - 09 1000 100 - 09 32 100 100 - 09 1000 100 - 09 32 100 100 - 09 1000 100 - 09 33 100 100 - 09 1000 100 - 09 34 100 100 - 09 1000 100 - 09 35 100 100 - 09 1000 100 - 09 36 100 100 - 09 1000 100 - 09 37 100 100 - 09 1000 100 - 09 38 100 100 - 09 1000 100 - 09 39 100 100 - 09 1000 100 - 09 30 100 100 - 09 1000 100 - 09 30 100 100 - 09 1000 100 - 09 30 100 100 - 09 1000 100 - 09 30 100 100 - 09 1000 100 - 09 30 100 100 - 09 1000 100 - 09 30 100 100 - 09								
Healthy Families Costs 07/01/02 - 09 10/		H				———		
29A Realthy Families Costs 10/01/02 - 06 30A Healthy Families SMA Upper Limits 07/01/02 - 09 10/01/02 - 09 10/01/02 - 09 31A Healthy Families Published Charges 07/01/02 - 09 10/01/02	00/03	100000000000000000000000000000000000000	*********	00000000	10000000000	990000000000	(12.51.02.23.02.03.0	
29A Realthy Families Costs 10/01/02 - 06 30A Healthy Families SMA Upper Limits 07/01/02 - 09 10/01/02 - 09 10/01/02 - 09 31A Healthy Families Published Charges 07/01/02 - 09 10/01/02	30/02							
300 300 300 10/01/02 - 09 10/01/02 - 09 10/01/02 - 09 10/01/02 - 09 10/01/02 - 09 314 Healthy Families Published Charges 07/01/02 - 09 10/01/02 - 06 32 Healthy Families Nanottated Rates 07/01/02 - 09 10/01/						_	_	-
30A Realthy Families SMA Opper Limits 10/01/02 - 06 31								
31 Healthy Families Published Charges 07/01/02 - 09 10/01/02 - 06 32 Healthy Families Nanotiated Rates 07/01/02 - 09							-	
31A 10/01/02 - 06 32 Healthy Families Negotiated Rates 07/01/02 - 09								
32 Healthy Families Negotiated Rates 07/01/02 - 09								
17701 / 17010100 06		<u>:</u>						
10/01/02 - 00	30/03		.,,.,,,			***********		
33 Non-Medi-Cal Costs		132,555	8,828	94,161	17,192	11,924	450	<u> </u>

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: TUOLUMNE County Code: 55

Legal Entity: KINGS VIEW-TUOLUMNE		1 A 1	В	С	D	E	F	G
Legal Entity Number: 00233			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Function	Function	Function	Function	Function	Function
			95					
1 Allocation Percentage	100.00%	100.00%						
2 Total Units		2,342						
3 Gross Cost	216,294	216,294						
4 Cost per Unit	Cost per Unit							
5 SMA per Unit			92.35 115.14					
6 Published Charge per Unit			95.31					
7 Negotiated Rate / Cost per Unit								
8 Mardi Callinia	07/01/02 - 09/30/02		1,025					
8A Medi-Cal Units	10/01/02 - 06/30/03		705					
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	10/01/02 - 06/30/03							
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	10/01/02 - 06/30/03		20					
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	<u> </u>				<u> </u>		
Healthy Families (SED) Units	07/01/02 - 09/30/02		8					
11A	10/01/02 - 06/30/03		504		-		-	
	<u></u>		584		********** <u>****</u>			200000000000000000000000000000000000000
13 Medi-Cal Costs	07/01/02 - 09/30/02	94,663	94,663					
13A	10/01/02 - 06/30/03	65,110	65,110		<u> </u>			
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	118,019	118,019		 			
	10/01/02 - 06/30/03	81,174	81,174		ļ			
Medi-Cal Published Charges	07/01/02 - 09/30/02	97,693	97,693					
15A Made out a billshed of larges	10/01/02 - 06/30/03	67,194	67,194					
16	07/01/02 - 09/30/02 10/01/02 - 06/30/03					_		
<u> </u>	000000000000000000000000000000000000000	200000000000000000000000000000000000000	100000000000000000000000000000000000000	000000000000000000000000000000000000000		200000000000000000000000000000000000000	0.0000000000000000000000000000000000000	000000000000000000000000000000000000000
17 Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
	10/01/02 - 06/30/03	1						
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	10/01/02 - 06/30/03	<u> </u>						
19	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
20	07/01/02 - 09/30/02	,	_		-			-
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	1	-					_
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Enhanced SD/MC Costs	07/01/02 - 09/30/02	<u> </u>	4.5.55		<u> </u>			
[21A]	10/01/02 - 06/30/03	1,847	1,847		 			
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	0.000	0.200		<u> </u>		 	
	10/01/02 - 06/30/03	2,303	2,303	 			 	
23 23A Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	1,906	1,906	 	 		-	
24	10/01/02 - 06/30/03 07/01/02 - 09/30/02	1,906	1,906	_			 	
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03			 	 		 	
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	 			<u> </u>			1
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	-			-			
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03				 	<u> </u>	-	
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	2 2000000000000000000000000000000000000	400000000000000000000000000000000000000	000000000000000000000000000000000000000		200000000000000000000000000000000000000		400000000000000000000000000000000000000
Healthy Families Costs	07/01/02 - 09/30/02	739	739					
	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	921	921					ļ
	10/01/02 - 06/30/03							
Healthy Families Published Charges	07/01/02 - 09/30/02	762	762				 _	
[31A]	10/01/02 - 06/30/03	<u> </u>			ļ	 	 	
Healthy Families Negotiated Rates	07/01/02 - 09/30/02	-			<u> </u>			ļ — — —
32A	10/01/02 - 06/30/03			# ************************************			<u></u>	***************************************
33 Non-Medi-Cal Costs		53,935	53,935					
		·		•				

DETAIL COST REPORT

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DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT Fiscal Year 2002-2003

DETAIL COST REPORT

County. TUOLUMNE

County Code: 55 CR CR CR CR Legal Entity: KINGS VIEW-TUOLUMNE Legal Entity Number: 00233 Mode: 15 - Outpatient (Program 1) Service Service Service Mode Total Function 1 Allocation Percentage 2 Total Units 3 Gross Cost 100.00% 4.56 52,903 158,350 991,469 1,921,446 86,980 267,880 168,565 1,064,249 71 463 3,428,330 117,720 Cost per Unit 1.94 3.97 4.23 2.96 3.41 SMA per Unit Published Charge per Unit 3.05 2.00 Negotiated Rate / Cost per Unit 07/01/02 - 09/30/02 12,966 196,498 25,125 40.265 9.440 Medi-Cal Units 10/01/02 - 06/30/03 38,570 409,914 34,560 131,060 22,548 07/01/02 - 09/30/02 3,765 Medicare/Medi-Cal Crossover Units 10/01/02 - 06/30/03 8,700 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Units 510 10/01/02 - 06/30/03 255 15,764 3,975 108 Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 11 Healthy Families (SED) Units 07/01/02 - 09/30/02 9,067 10/01/02 - 06/30/03 13,630 690 12 Non-Medi-Cal Units 340,007 24,040 75,160 19,490 07/01/02 - 09/30/02 638,726 21,359 380,809 48.692 159,967 27,899 Medi-Cal Costs 10/01/02 - 06/30/03 1.512.198 520,643 63.536 704 405 66 977 86 83D 07/01/02 - 09/30/02 730,762 22,950 448 015 57,285 78,797 170.321 32.190 Medi-Cal SMA Upper Limits 76,889 10/01/02 - 06/30/03 1.712.900 934,604 554,342 68,269 07/01/02 - 09/30/02 659.167 22,042 392.996 50,250 165,087 28,792 Medi-Cal Published Charges 10/01/02 - 06/30/03 1,560,593 65,569 819,628 69,120 537,305 68,771 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Costs 10/01/02 - 06/30/03 34,584 34,564 07/01/02 - 09/30/02 15,926 15.926 Medicare/Medi-Cal Conssover SMA Unner Limits 10/01/02 - 06/30/03 36.801 36.BD1 07/01/02 - 09/30/02 15,437 15.437 Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 35,670 35,670 07/01/02 - 09/30/02 Medicare/Medi-Cat Crossover Negotiated Rates 10/01/02 - 06/30/03 07/01/02 - 09/30/02 13,504 12,769 Enhanced 5D/MC Costs 10/01/02 - 06/30/03 48,270 420 30,550 15,792 07/01/02 - 09/30/02 15,805 15,023 Enhanced SD/MC SMA Upper Limits 10/01/02 - 06/30/03 54,947 35,942 16,814 1,739 07/01/02 - 09/30/02 13,937 13,178 759 16,298 Enhanced SD/MC Published Charges 10/01/02 - 06/30/03 49,815 31,528 1,550 Enhanced SD/MC Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 07/01/02 - 09/30/02 17.572 5.681 1.197 29,421 4.971 Healthy Families Costs 10/01/02 - 06/30/03 42,568 26,415 1,337 13.309 1.507 20,673 5,848 1,381 07/01/02 - 09/30/02 33,951 6,049 Healthy Families SMA Upper Limits 10/01/02 - 06/30/03 48.559 31.076 1.573 14,171 1,739 07/01/02 - 09/30/02 30,362 18,134 27,260 5,130 5,863 1,235 Healthy Families Published Charges 10/01/02 - 06/30/03 43,931 13,735 1,556 07/01/02 - 09/30/02 Healthy Families Negotiated Rates 10/01/02 - 06/30/03 33 Non-Medi-Cal Costs 32,405 658,926 1.094.122 46,589 298,600 57.601

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: TUOLUMNE

County Code: 55 MHS MHS ASO

County Code. 55		MITO	UITO					
Legal Entity: KINGS VIEW-TUOLUMNE	A	В	С	D	€	F	G	
Legal Entity Number: 00233	Mode Total	Service	Service	Service	Service	Service	Service	
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function
4 Allegados Descritos	100.00%	49 1.73%	69 95.81%	49				
1 Allocation Percentage	Total Units				2.46%			
	Gross Cost				2,100			
	49,412	857	47,341	1,214	egi e secimen		processing the second second	
4 Cost per Unit			0.82	1.29	0.58			
5 SMA per Unit			2.28	4.23	2.28			
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit	*. (.) . (
8 14-35 C-111-55-	07/01/02 - 09/30/02			9,730				
Medi-Cal Units	10/01/02 - 06/30/03			20,670	220			_
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						_	
9A Medicare/Medi-Cai Crossover Onits	10/01/02 - 06/30/03							
10 Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A Enhanced SD/MC Offics	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11 Healthy Families (SED) Units	07/01/02 - 09/30/02							
Healthy Families (SED) Units	10/01/02 - 06/30/03							
12 Non-Medi-Cal Units			1,050	6,305	1,880			
13	07/01/02 - 09/30/02	12,549	<u>rurungun danunghibut</u>	12,549	**************	<u>a andra ta ta ta ta fa fa fa ta </u>	provincia in included ed ed ed	
Medi-Cal Costs	10/01/02 - 06/30/03	26,787		26,660	127			
	07/01/02 - 09/30/02	41,158		41,158			Г	
14 14A Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	87,936		87,434	502			
15	07/01/02 - 09/30/02							
Medi-Cal Published Charges	10/01/02 - 06/30/03							
-	07/01/02 - 09/30/02							
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
17	07/01/02 - 09/30/02					<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		at a transfer to the trade to the
17A Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03			1	-		i — —	
18	07/01/02 - 09/30/02						 	
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03						t	
10	07/01/02 - 09/30/02			1				
19A Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	1			_			
20	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21 5-2	07/01/02 - 09/30/02			8000000 <u>000</u>			0000000000	
Enhanced SD/MC Costs	10/01/02 - 06/30/03	 		_			1	
22	07/01/02 - 09/30/02	 					 	+
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	 		 		-	 	
23	07/01/02 - 09/30/02	+		 		-	 	
23A Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	+	-				 	
24	07/01/02 - 09/30/02	1						
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	1	-				 	
tariana <mark>anananan ang mangkatan kangkatan ang mananan ang mananan ang mananan ang mananan ang mananan ang ang ma</mark>	*.*.*.*.*.*.*.*.*.	1	<u>5</u>	**************	ougo turururururururur	****************	raction of the con-	
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	 	<u> </u>				1	
	nnced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03							
27 Enhanced SD/MC (Refugees) Published Charges 28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	+					1	
aan saaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	07/01/02 - 06/30/03						121-121-121-121-121	
29 Healthy Families Costs	07/01/02 - 09/30/02							
A Treatily Fairlines Costs	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	<u>i</u>						
30A	10/01/02 - 06/30/03							
Healthy Families Published Charges	07/01/02 - 09/30/02							
31A Realthy Families Published Charges	10/01/02 - 06/30/03							
32 Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A reality Families Negotiated Nates	10/01/02 - 06/30/03							
33 Non-Medi-Cal Costs	tatat <u>agagagagabatatatatigi agag</u>	10,076	857	8,132	1.087	<u> </u>	<u> </u>	production deligible
oo jitaliimedi oosto	1 10,070		0,132	1,007			<u> </u>	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: TUOLUMNE

County Code: 55

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	Legal Entity: KINGS VIEW-TUOLUMNE	Α	В	С	D	E	F	G
Le	gal Entity Number: 00233		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach		Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%			_		
2	Total Units		2,288					
3	Gross Cost	112,075	112,075					
4	Cost per Unit		48.98					
5	Non-Medi-Cal Units		2,288					
6	Non-Medi-Cal Costs	112,075	112,075					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: TUC	LUMNE												
County Code: 55				REIMBURS	EMENT TYPE						Costs	<u> </u>	
Legal Entity: KING Legal Entity Number: 0023	GS VIEW-TUOLUMNE			В	L C	D	E Total	F	G	н	t Total	 	K ****
augus emity Humbon. 10023			┥ _	Mode 55		Total	Inpatient				Outpatient		Total Outpatient
				S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col J)
1 4-4 0-10		07/01/02 - 09/30/02	S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10 94,663	Program (1) 638,726	Program (2) 733,389	Program (2) 12,549	745,938
1A Medi-Cal Costs		10/01/02 - 06/30/03							65,110	1,512,198	1.577,308	26,787	1.604,095
2 2A Medi-Cal SMA		07/01/02 - 09/30/02							118,019	730,762	848,780	41,158	889,938
3 14-4-0-10-0		10/01/02 - 06/30/03 07/01/02 - 09/30/02	***************************************						81,174 97,693	1,712,900 659,167	1,794,074 756,859	87,936	1,882,009 756,859
3 Medi-Cal P. C.		10/01/02 - 06/30/03							67,194	1,560,593	1,627,787		1,627,787
Medi-Cal N. R.		07/01/02 - 09/30/02											
4A	***************************************	10/01/02 - 06/30/03					***************			æ	*****************		
5 5A Medi-Cal Gross Reim	bursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03	***************************************						94,663	638,726	733.389	12,549	745,938
JA									65,110	1,512,198	1,577,308	26,787	1,604,095
Medicare/Medi-Cal Ci	rossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03				1				14,958 34,564	14,958 34,564		14,958 34,564
6A Medicare/Medi-Cal Ci	TOPONOS SALA	07/01/02 - 09/30/02								15,926	15,926		15,926
7A		10/01/02 - 06/30/03								36,801	36,801		36,801
8 Medicare/Medi-Cal Ci	rossover P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								15,437 35,670	15,437 35,670		15,437 35,670
9 Medicare/Medi-Cal Ci	mesover N R	07/01/02 - 09/30/02								30.070	35,670		30,670
9 Medicare/Medi-Cal Ci		10/01/02 - 06/30/03											00000
10 Medicare/Medi-Cal Ci	rossover Gross Reim	07/01/02 - 09/30/02								14,958	14,958		14,958
10A		10/01/02 - 06/30/03								34,564	34,564		34,564
11 Total SD/MC + Cross	over Gross Reim.	07/01/02 - 09/30/02							94,663	653,683	748,347	12,549	760,896
11A		10/01/02 - 06/30/03		••••					65,110	1,546,762	1,611,872	26,787	1,638,659
12 Enhanced SD/MC (Cr	nildren) Cost	07/01/02 - 09/30/02	***************************************						- 10/5	13,504	13,504		13,504
12A		10/01/02 - 06/30/03 07/01/02 - 09/30/02						-	1,847	48,270 15,805	50,117 15,805		50,117 15,805
13A Enhanced SD/MC (Ct	nildren) SMA	10/01/02 - 06/30/03							2,303	54,947	57,249		57,249
Enhanced SD/MC (Ct	nildren) P. C.	07/01/02 - 09/30/02								13,937	13,937		13,937
14A		10/01/02 - 06/30/03 07/01/02 - 09/30/02							1,906	49,815	51,721		51,721
15A Enhanced SD/MC (Cr	nildren) N. R.	10/01/02 - 06/30/03									_		
40		07/01/02 - 09/30/02	***************************************							13,504	13,504		13,504
16A Enhanced SD/MC (Cf	uldren) Gross Reim.	10/01/02 - 06/30/03							1,847	48,270	50,117		50,117
17 Enhanced SD/MC (Re		07/01/02 - 06/30/03											
18 Enhanced SD/MC (Re 19 Enhanced SD/MC (Re	efugees) SMA	07/01/02 - 06/30/03											
19 Enhanced SD/MC (Re 20 Enhanced SD/MC (Re		07/01/02 - 06/30/03											
***************************************	***************************************				*********					***************************************			
214 (Excludes Refunees)		07/01/02 - 09/30/02 10/01/02 - 06/30/03	***************************************						94,663 66,957	1,595,032	761,851 1,661,989	12,549 26,787	774,400 1,688,770
22 Enhanced SD/MC (Re	efugees) Gross Reim.	07/01/02 - 06/30/03						 	30,331	1,000,002	1.001.303	20.101	1,000,771
23	·····	07/01/02 - 09/30/02	***************************************					***************************************	739	29,421	30,160		30,160
23 Healthy Families Cost 23A Healthy Families SMA	<u> </u>	10/01/02 - 06/30/03								42,568	42.568		42,566
Healthy Families SMA	١	07/01/02 - 09/30/02							921	33,951	34,872		34,872
24A		10/01/02 - 06/30/03 07/01/02 - 09/30/02			 		 	 	762	48,559 30,362	48,559 31,125		48.559 31.129
25 Healthy Families P. C	·	10/01/02 - 06/30/03	***************************************							43.931	43,931		43,93
26 Healthy Families N. R		07/01/02 - 09/30/02											
26A	······································	10/01/02 - 06/30/03	P								200000000000000000000000000000000000000		*****
27 Healthy Families Gros	ss Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						<u> </u>	739	29,421	30,160		30,160
Less: Patient and Ott	er Payor Revenues	1000104-00/30/03								42,568	42,568		42,568
28 SD/MC + Crossov		07/01/02 - 09/30/02							166	5,479	5,645		5,64
28A		10/01/02 - 06/30/03							1,000	8,347	9,347		9,34
29 Enhanced SD/MC 30 Enhanced SD/MC	(Children) Revenues (Refugees) Revenues							 				 	
31 Healthy Families F	Revenues												
32 Total Expenditures fro	m MAA (Mode 55)	***************************************	*************							***************************************			
33 Medi-Cal Eligibility Fa	ctor (Average)												
34 Revenue - MAA													
Net Due - SD/MC for	Direct Services	07/01/02 - 09/30/02							94,497	661,709	756,206	12.549	768,75
35A 36 Net Due - Enhanced S		10/01/02 - 06/30/03						<u> </u>	65,957	1,586,685	1,652,642	26,787	1,679,42
37 Not Due 43-au 5-		07/01/02 - 09/30/02			!		 		739	29,421	30,160		30,16
35 Net Due - SD/MC for 35A Net Due - Enhanced 3 37 Net Due - Healthy Fai	1111158	10/01/02 - 06/30/03								42,568	42,568		42,568
I Amount Negotiated K	ates Exceed Costs												
38 SD/MC (Includes (Children)	07/01/02 - 09/30/02						Ţ					
38A Enhanced SD/MC		10/01/02 - 06/30/03					1			⊢——			
10	(07/01/02 - 09/30/02					 	 		 			
40A Healthy Families		10/01/02 - 06/30/03			1	1	1		-			100000000000000000000000000000000000000	

DETAIL COST REPORT

DETAIL COST REPORT

Fiscal Year 2002-2003

51,921

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

27 Total Healthy Families Reimbursement

County: TUOLUMNE Source: Source: County Code: 55 MH1978 E8 MH1978 F8 Legal Entity: KINGS VIEW-TUOLUMNE 50% F Legal Entity Number: 00233 75% 51,40% 51.33% Variable % Total Total Total Total FFP FFP MAA Total FFP FFP FFP FFP Inpatient Outpatient SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement 2,463,176 2,463,176 Contract Provider Medi-Cal Direct Service Gross Reimbursement Total Medi-Cal Direct Service Gross Reimbursement 2,463,176 Medi-Cal Administrative Reimbursement Limit 369,476 Medi-Cal Administration 225,903 112,952 Medi-Cal Administrative Reimbursement 225,903 112,952 Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement 72,728 72,728 Healthy Families Administrative Reimbursement Limit 7,273 Healthy Families Administration 6,670 10 Healthy Families Administrative Reimbursement 4.352 4,352 6,670 SD/MC Net Reimbursement for MAA 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 75,643 100.857 75,643 15 Other SD/MC Utilization Review (County Only) 18,403 36,806 18,403 755,251 388,199 388,199 07/01/02 - 09/30/02 755,251 SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03 836,253 1,629,312 1,629,312 836,253 8,910 07/01/02 - 09/30/02 13,504 8.910 13,504 Enhanced SD/MC Net Reimb. (Children) 17A 10/01/02 - 06/30/03 50.117 50.117 32.576 32,576 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 1,472,935 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 1,472,935 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 1,472,935 07/01/02 - 09/30/02 19,899 30,160 30,160 19,899 Healthy Families Net Reimbursement 10/01/02 - 06/30/03 42,568 42,568 27,669 27,669 25 Total Healthy Families Reimbursement Before Excess FFP 51,921 26 Amount Negotiated Rates Exceed Costs - Healthy Families